

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/659735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
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47	/					
48	/					
49	/					
50	/					

TOTAL IND.

4

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TOTAL DEP.

166

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TOTAL CLAIMS

50

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TOTAL IND.

3

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TOTAL DEP.

35

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TOTAL CLAIMS

36

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